



# State of California Secretary of State

**S****E-J43349****FILED**In the office of the Secretary of  
State of the State of California**Jan - 31 2012**

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**Statement of Information**  
(Domestic Stock and Agricultural Cooperative Corporations)**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.**  
**IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM****1. CORPORATE NAME**C2728565  
POLKA DOT PICTURES INC.**Due Date:****Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE
1158 26TH STREET SUITE 838 SANTA MONICA CA 90403			
1158 S6TH STREET SUITE 838 SANTA MONICA CA 90403			

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
CYNTHIA TRUE 1158 26TH STREET SUITE 838 SANTA MONICA, CA 90403				
CYNTHIA TRUE 1158 26TH STREET SUITE 838 SANTA MONICA, CA 90403				
ERIK WIESE 1158 26TH STREET SUITE 838 SANTA MONICA CA 90403				

**Names and Complete Addresses of All Directors, Including Directors Who Are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
9. NAME	ADDRESS	CITY	STATE	ZIP CODE
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
ERIK WIESE 1158 26TH STREET SUITE 838 SANTA MONICA, CA 90403				
CYNTHIA TRUE 1158 26TH STREET SUITE 838 SANTA MONICA, CA 90403				

**11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:****Agent for Service of Process** (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.)**12. NAME OF AGENT FOR SERVICE OF PROCESS**

DAVID NIEMETZ

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
1158 26TH STREET SUITE 838 SANTA MONICA, CA 90403			

**Type of Business****14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

WRITER/PRODUCER

**15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

01/31/2012

DATE

CYNTHIA TRUE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

PRESIDENT

TITLE

SIGNATURE